



"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN; OR PHYSICAL DISABILITIES."

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

APPLICANT NAME: _____ DATE: _____
 LAST FIRST MIDDLE
 ADDRESS: _____
 STREET CITY STATE ZIP
 TELEPHONE #: _____ SOCIAL SECURITY #: _____
 EMAIL ADDRESS: _____
 HOW WERE YOU REFERRED TO US? _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR OR TYPE OF WORK DESIRED: _____
 TYPE OF EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY
 DATE YOU WILL BE AVAILABLE TO START WORK: _____ SALARY DESIRED: _____
 HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION? _____ YES _____ NO
 ARE YOU EMPLOYED NOW: _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: _____
 DRIVERS LICENSE NUMBER (IF DRIVING IS AN ESSENTIAL JOB DUTY): _____ STATE: _____

EDUCATIONAL HISTORY

LIST SCHOOL NAME AND LOCATION, YEARS ATTENDED, COURSE OF STUDY, AND ANY DEGREES EARNED:

HIGH SCHOOL: _____
 SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
 COLLEGE: _____
 SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
 COLLEGE: _____
 SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
 COLLEGE: _____
 SCHOOL NAME LOCATION YRS ATTENDED COURSE OF STUDY DEGREE
 OTHER: _____

(CONTINUE ON THE OTHER SIDE)

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS: _____

U.S. MILITARY OR NAVAL SERVICE: _____

EMPLOYMENT HISTORY

PROVIDE ALL EMPLOYMENT INFORMATION FOR YOUR PAST FIVE EMPLOYERS STARTING WITH THE MOST RECENT.

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

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EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

(CONTINUE ON THE NEXT PAGE)

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

PROFESSIONAL (WORK RELATED) REFERENCES

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

PERSONAL REFERENCES

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

NOTICE TO APPLICANTS

THE CITY OF FREMONT AND FREMONT DEPARTMENT OF UTILITIES REQUIRE DRUG TESTS FOR ALL CANDIDATES AS A CONDITION OF EMPLOYMENT. FAILURE TO PASS A DRUG TEST WILL DISQUALIFY A CANDIDATE FROM FURTHER CONSIDERATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

APPLICANT SIGNATURE: _____ **DATE:** _____

APPLICATIONS WILL REMAIN IN AN ACTIVE FILE FOR A PERIOD OF UP TO 30 DAYS. APPLICANTS MUST REAPPLY FOR NEW POSITION OPENINGS.

RETURN COMPLETED APPLICATION TO: CITY OF FREMONT, HUMAN RESOURCES DEPARTMENT, 400 E MILITARY AVE, FREMONT, NE 68025

OR EMAIL TO: JOBS@FREMONTNE.GOV

APPLICANT FLOW QUESTIONNAIRE PRE-EMPLOYMENT INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job related medical condition or handicap.

So that we can comply with Federal/State Equal Opportunity recordkeeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection procedure.

Position Applied for: _____ Date: _____

Name: _____
(last) (first) (middle) (maiden)

Address: _____
(street) (city) (state) (zip code)

Birth Date: _____ Nearest Age: _____

Are you a U.S. Citizen? _____yes _____no

If not, do you possess an Alien (Work) Registration Card? _____yes _____no

Race/Ethnic Group: _____Caucasian _____Asian/Pacific Islander _____Black
_____American Indian/Alaskan Native _____Hispanic

Sex: _____Male _____Female

Marital Status: _____Single _____Married _____Other Explain: _____

Are you a Vietnam Veteran? _____yes _____no Service: From _____To _____

Are you a Disabled Veteran? _____yes _____no V.A. Disability Rate: _____%

How were you referred to us? _____Self _____Friends _____Employee _____School

_____Fremont Tribune _____Nebraska Job Service _____Employment Agency _____other

Signature